

Amendment Request

Wyoming Department of Health

As required by the Health Insurance Portability and Accountability Act of 1996, clients have a right to request an amendment to health information pertaining to them if it is believed to be incorrect or incomplete. WDH will review and make a determination granting the request or explaining why it will not be granted. If the request is not granted, a client has a right to submit a statement of disagreement to accompany the information in question for all future disclosures. WDH may place a response to the statement in the record.

I hereby request an amendment to health information for:

Name:	ID Number:
Address:	Date of Birth:
Record Holder:	Date of Request:

WDH may not amend information if:

- ✓ It does not involve the client's medical records, billing records or other records used in making decisions about the client;
- ✓ If it involves records the client does not have a right to access;
- ✓ WDH is not the creator of the information (unless the person or entity that created the information is unable to act on your request;) or
- ✓ WDH believes the information is already accurate and complete.

If WDH agrees to amend the information, the changed information will be communicated to the persons or entities WDH has provided the information to before it was amended.

Client Statement:

I believe health information for the above named individual is incorrect or incomplete and request the following amendment:

Signed: _____ **Print Name:** _____ **Telephone:** _____ **Date:** _____

If not signed by the patient, please indicate the relationship:

- ☐ Guardian or conservator of an incompetent client
☐ Parent or guardian of minor client

- ☐ Beneficiary or personal representative of deceased client
☐ Other (specify) _____

Name of Client: _____

For Office Use Only:

☐ Approved ☐ Denied

☐ Delayed, we will act on this request by _____

Comments: _____

WDH Representative Signature: _____

Documentation of Relationship:

☐ Reviewed ☐ Attached